Statement of Organization - Candidate Committee

Is this sta	tem	ent:	
New		Amended	

Use this form to create a new or update an existing candidate		Amended	
This form must be accompanied by form CRO-3500. An amer	nded form is required for each	n new election year.	
1. Committee Information			
a. Name of Committee	d. ID Number		
Committee to Elect Robin	Calcutt	and the group of the large to t	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
2325 E. Indiana Ave. Southern	7 12-11-21		
c. Committee Website (Optional)		f. Phone Number	
robincal cutt4 boe, com	DEL 1 6 mm	910.690.9562	
2. Candidate Information a. Full Name	. Dorty Affiliation		
the state of the s			
Teresa Robin Viall Calcutt	Non-partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	· 自由 · · · · · · · · · · · · · · · · · ·	
2325 E. Indiana Avenue Southern Pines, NC 28387	At Large Board of Education		
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction	
910-690-9562 robin calcutt 4 boelgmail	2022	Moore County	
Email copy of report notices 3. Treasurer Information			
a. Full Name	4. Assistant Treasurer Information a. Full Name		
FRANCIS PETER MAROIS	Teresa Robin Viall Calcutt		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
110 DEER WOOD LANE	2325 E. Indiana Ave.		
PINEHURST, NC 28374	Southern Pines, NC 28387		
c. Phone Number d. Email Address	c. Phone Number d. Email Address		
703-203-9027 marois 89@gmail.com	910-690-9562 robin calcutt4 boer gmailice		
Send report notices by email Yes No	☐ Email copy of report notices		
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)		
a. Full Name	a. Financial Institution Full Name		
Feresa Robin Viall Calcutt	First Bank		
b. Mailing Address (include City, State, and Zip Code)	1.0.0	denisar eta sar Lord okasisa	
27 26 ET lines Ave.	10205 45-15:	In in ILIA	

I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

RAMPMAGIS

Drinted Nome of Transpage

Email copy of report notices

Printed Name of Treasurer

d. Email Address

robincalcutt4boeggmail.com

Signature of Appointed Treasurer

b. Account Code

481008705

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

T. Robin V. Calcutt

Signature of Candidate

Date

CRO-2100A

NC State Board of Elections

November 2019

Statement of Organization-Candidate Committee [CRO-2100A]

Form Description

All candidate committees will complete this form. In addition to the *Statement of Organization*, those committees that <u>do not</u> file under the \$1,000 threshold (committees that plan on raising or spending more than \$1,000 during the election cycle) must complete an **Organizational Disclosure Report** within 10 days of organizing the committee.

All committees must complete a **Certification of Financial Account Information** (CRO-3500) form along with the *Statement of Organization* when setting up a new committee. For those committees who pledge not to raise or spend more than \$1,000 during an election cycle, a **Certification of Threshold** (CRO-3600) form must be completed with the *Statement of Organization*. Only County and Local candidates may select this option, State candidates must file disclosure reports.

Additional assistant treasurers and bank accounts may be listed on the **Statement of Organization Addendum** (CRO-2110) form and the **Additional Committee Funds** (CRO-2120) form.

The Statement of Organization is also used to show any changes in committee information. The entire form must be completed and resubmitted with the new information in order for an amendment to be correctly documented. Check the "Amended" box at the top of the page if this report is an amendment.

Line-by-Line Instructions

LINE 1. Committee Information

- a. Provide the full name of the committee.
- b. Provide the committee's complete mailing address (including city, state and zip code).
- Provide the committee's website address.
 This field is optional.
- d. Provide the ID number of the committee. If this is a new committee, this field may be left blank.
- e. Provide the date that the committee was organized.
- f. Provide the telephone number (including area code) of the committee.

LINE 2. Candidate Information

- a. Provide the name of the candidate. This should be the (Full Legal Name) listed as it appears on the Notice of Candidacy form.
- b. Provide the mailing address of the candidate.
- c. Provide the telephone number (including area code) of the candidate.
- d. Provide the email address for the candidate. Indicate below if the candidate would like to receive an email copy of report due notices sent to the committee.
- e. Provide the party affiliation of the candidate.
 If the office sought is nonpartisan, then put "Nonpartisan" in this field.
- f. Provide the office the candidate is seeking.
- g. Provide the next election year for the candidate.
- h. Provide the jurisdiction (district, county or municipality) of the office the candidate is seeking, if it is not a statewide office.

LINE 3. Treasurer Information

- a. Provide the first and last name of the treasurer of the committee.
- b. Provide the treasurer's complete mailing address (including city, state, and zip code).
- c. Provide the telephone number (including area code) of the treasurer.
- d. Provide the email address of the treasurer. Indicate below if the treasurer would prefer to receive report due notices via email rather than US mail.

LINE 4. Assistant Treasurer Information

- a. Provide the first and last name of the assistant treasurer of the committee.
- b. Provide the assistant treasurer's complete mailing address (including city, state and zip code).
- c. Provide the telephone number (including area code) of the assistant treasurer.
- d. Provide the email address of the assistant treasurer. Indicate below if the assistant treasurer would like to receive an email copy of report due notices sent to the committee.

LINE 5. Custodian of Books (Keeper of Records) Information

- a. Provide the first and last name of the custodian of the books of the committee.
- Provide the custodian of books' complete mailing address (including the city, state and zip code).
- c. Provide the telephone number (including area code) of the custodian of books.
- d. Provide the email address of the custodian of books. Indicate below if the custodian of